

FCEMS Advisory Committee

Meeting Minutes of February 23rd, 2009

5:30 – 7:30 pm

Health Department Conference Room – Earl Bennett Building

Attendees:

Rob Bates	FCEMS Medical Director
*Art Bielz	Representing BLS Non-Transporting Units
Marty Boehm	FCEMS
*Gary Mahugh	Representing BLS Non-Transporting Units
*Mary Granger	Co Chair Representing BLS Transport Units
Wayne Miller	Board of Health
Joe Russell	Chairman
Rod Dresbach	West Valley Fire & Rescue
*Tracy Norred	Representing BLS Transport Unit
Doug Smith	Bigfork Ambulance
*Craig Williams	Representing BLS Transport Unit
*Tim Soule	Representing ALS Transport Unit
Rocco Altobelli	ALERT
Amanda Lindgren	FCEMS
Tom Kennelly	Whitefish
Mark Peck	OES
*Scott Alexander	WFD
Kris Long	TREMS SVFD
Wendy Stefaniak	Badrock
James Brower	Marion Fire
Ben Covington	EVFD

*Voting Members

Joe Russel called to order at 5:55p. At this time the strategic planning agenda was explained.

Quick update by Mark Peck:

OES is under outside advisement for restructuring. There are committees to develop a business plan, coverage areas, and much more. The County is using an outside organizational coach to assist in the restructure. There will be a meeting March 6th to discuss the outcome. Some Committee members include: Mary Granger, Tracy Norred, Rod Dresbach, Gary Mahugh, Dan Diel, Craig Williams, Tom from Whitefish, and Neil or Chuck. The First step is project identification using the Blue Print to Excellence approach.

Med director update by Dr. Bates:

Dr. Bates is calling a Medical Directors meeting sometime in March or April. He also discussed the BLS expansion issue. Kalispell should not be called to Blacktail, looking at BLS transfer in Lakeside. The state will be implementing increased requirements for Medical direction.

Using the Visioning structure, Joe revisits the weaknesses with the committee, at this time he asks the group to reprioritize.

Weaknesses of the EMS system, (conclusion report)

Manpower Shortages

Increased Call Volume – Up to 450/Month for County 911

Dispatch is a mess

Radio Communication (between and within departments)

Having to raise money (donations) to support EMS

Variable medical controls and levels between different departments

Different levels of comfort & participation

Communication with Medical Director

(Hard to reach)

Inability to provide system status management.

Can't manage county-wide

-Lack of technology and coordination

Lack of procedures at county level:

Who can do what, & where

Aging equipment & dispatch technology

Lack of money from outside service area (county money to support local services)

Not able to provide the level of care expected on a 24-hour basis

Private donations-supplies, equipment

Public funding is restricted
(Not flexible to cover operating costs/overhead)

Unrealistic consumer expectations

“Lousy” public efforts

Lack of cooperation between agencies

Lack of volunteer time for training, public education

Career personnel also lacking time for training, public education

Lack of a plan for effective coordination

Lack of a forum to discuss issues

Lack of interagency training

Lack of media attention to needs, systemic issues
Losing volunteers by increasing demands (more calls, increased training expectations)

Liability increased, driving the need for more training
Rural areas getting forgotten by media

Mix of paid & volunteer in the same department can bring tension, conflict
Bigger departments not relying on volunteers anymore

Volume not supporting the resources needed

Interagency conflicts (Fire vs. EMS Calls)

County Commissioners not actively involved in EMS issues

Cities are growing faster than can be supported, affecting rural/non-municipal providers
(Kalispell is the main transportation provider for much of the surrounding area)

County’s topography

Lack of community involvement (expecting paid positions)

Recruiting & retaining new volunteers

Lack of community awareness & appreciation for “professional volunteers”

Perception that volunteers are not “professional”

Changing mindset of public officials (including clout with policy-makers)

Volunteers require a second education (training for first responders) that they paid for themselves

Unwillingness to embrace current, proven methodology (“We’ve always done it that way.”)

Demographics

-aging base of volunteers

“Underselling” the Need:

Not communicating real expectations & demands to potential volunteers

In conclusion a five year plan was developed.

Five year plan:

- Defined standards for EMS coverage, for development planning **(7)**
- EMS belongs in Office of Emergency Services and Emergency Response **(5)**
- Develop a way to evaluate a system’s effectiveness **(5)**
- Clear policy on conflict resolution **(4)**
- Remove EMS from the County Health **(4)**
- Flathead City-County EMS Board given statutory responsibility & authority to act on all EMS issues. **(3)**
- EMS subcommittee that reports & advises public officials on issues **(2)**
- Standard of care **(2)**
- County-wide ambulance transport system, 24/7 coverage, ALS, paid service **(2)**
- Flathead County Ambulance Department **(2)**